

**DEPARTMENT OF HEALTH SERVICES**

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September 3, 1999

Ms. Kathleen Farrell  
Family and Children's Health Programs Group  
Division of Integrated Health Systems  
Health Care Financing Administration  
**7500** Security Boulevard, Mail Stop **S2-01-16**  
Baltimore, MD **21244-1850**

Dear Ms. Farrell:

**SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR  
FAMILY PACT (FAMILY PLANNING, ACCESS, CARE, and TREATMENT) PROGRAM**

The California Department of Health Services (DHS) is pleased to have this opportunity to respond to the questions regarding the Family PACT Program Section **1115** Waiver Proposal that were raised in the August **5, 1999**, telephone conference with you and other staff of the Health Care Financing Administration (HCFA). We would appreciate an expeditious response, because as you may recall, we have requested that the waiver be approved effective July 1, **1999**.

1 Demonstration Objectives

DHS has developed three specific goals, each with measurable objectives and associated implementation activities (See Enclosure I). The three goals are:

- Reduce the number of pregnancies to low income adolescent women (**15-19** years old) in California;
- reduce the number of unintended pregnancies among low income women in geographic areas of high unmet need for family planning services; and,
- increase the number of low income males receiving family planning services.

2. Budget Neutrality

The Department has revised its budget assumptions and calculations. (See Enclosure II.) The budget neutrality methodology used in the Family PACT waiver program is based on a pre-waiver/post-waiver comparison of fertility rates. The pre-waiver period fertility rate was based on calendar year **1997** data. (We understand that we have your approval to use calendar year **1997** as the base year because it is the most recent year for which California has complete data.)

3. Eligibility Determination

The Department continues to believe that point-of-service (POS) eligibility determination is a crucial feature in providing needed access to and in eliminating barriers to receiving family planning services by California's low income population. DHS has placed reliance on a statement in your letter dated May 28, 1999, in which HCFA wants to allow the State as much flexibility as possible in its waiver eligibility determination process. However, we understand that HCFA is reluctant to grant a waiver of Social Security Act Section 1902(a)(5) for the proposed Medicaid Demonstration Project.

We are therefore proposing variation of the eligibility determination process. The Family PACT Program providers would enter income and family size information into our Family PACT data and claiming system. The data would be transmitted to the State's Medi-Cal and Family PACT claims fiscal intermediary for review by State employees who would confirm eligibility to the program.

This modification to the eligibility determination process will require changes to the computer system which supports the current online POS client enrollment feature. It will also require the identification and redirection of the necessary resources to perform this additional workload. These changes will require a number of months to implement.

4. Immigrants/Non-Federally Reimbursed Costs

Another crucial feature to expand (and certainly to maintain) access and eliminate barriers to family planning services is the ability of a client to choose not to provide his or her Social Security Number (SSN). Since clients may view the disclosure of SSNs as a breach of their confidentiality, California agrees to the use of a survey to establish the percentage of eligibles for federal reimbursement claiming purposes. The Department will develop a sampling methodology and conduct a survey to determine an actual percentage of clients who are not eligible for Medicaid (Medi-Cal program) as defined under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). A general description of our sampling methodology and survey instrument is contained in Enclosure 111. The estimated one-time cost of the survey is \$1,000,000. The Department expects to have this survey completed within two years after the approval of the waiver.

We realize that HCFA must approve the sampling methodology and survey instrument. The Department, however, is requesting that the waiver be approved before the final approval of the survey methodology and instrument, since we understand this process can take a number of months to complete. An interim reimbursement rate can be agreed to and the reimbursement claimed can be adjusted accordingly on retroactive basis.

As soon as notification materials can be prepared and sent to providers, the Department will require the providers make a request to each client for his/her SSN and we will use our computers to match client information data bases with Family PACT Program data to maximize the recording of SSNs in the Family PACT Program data base. ~~Our~~ understanding is that you have agreed not to pursue the federal claiming disallowance based on absence of SSN, in recognition of preserving the confidentiality of clients who request such.

5. Federal Financial Participation (FFP) for Services

The Department has reviewed the September 8, 1997, document package from David S. Cade, Director, Family and Children's Health Programs Group, Health Care Financing Administration on "Revised Family Planning Coding Matrix for the Financial Management Review Guide-Information." The Department understands that only family planning services are eligible for 90 percent FFP. The Department further understands that services provided primarily for medical reasons are eligible for 50 percent FFP. The budget neutrality calculations included in this document are based on these parameters.

Determination of FFP for Family PACT services will follow the guidelines contained in the HCFA document. The Family PACT Program is unique because of the family planning education and counseling codes, which are comparable to evaluation and management office visit codes. Family PACT claiming procedures require the use of a diagnosis code system comparable to the HCFA designated International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) code series for contraceptive management preventive management, and infertility as well as Physician's Current Procedural Terminology (CPT) codes cited in the same document:

6. Cost Shifting Between Programs and Fraud Detection

The Department will pursue changes to the Family PACT claims processing system in order to cross-check Family PACT Program provider billing against the Medi-Cal Eligibility Data System (MEDS) to ensure that family planning services rendered to Medi-Cal eligibles are not claimed under the Family PACT Program or billed under both programs.

The Family PACT Program, implemented in January 1997, was designed to reduce barriers to access to care by increasing the provider base to include all Medi-Cal providers. This increased the provider population from 450 sites to over 2,300 providers of care. The previous budget for clinical services was approximately \$40,000,000 and has increased to over \$145,000,000 thus far for the current fiscal year. The provider base has changed dramatically from governmental/nonprofit entities to a provider base with the majority of providers being private physicians (over 45 percent).

Family PACT has specific requirements for provider enrollment, clinical standards, and billing requirements. The Family PACT program utilizes Electronic Data Systems (EDS), the same fiscal intermediary used by the Medi-Cal program. The billing data currently is limited; however, it has become apparent that there is potential for fraud and abuse within our provider delivery system. The audit and oversight functions necessary to detect such abuses are currently being implemented.

In order to protect the integrity of the Family PACT program, fiscal intermediary enhancements are being designed to ensure provider compliance with policies and procedures. These include but are not limited to the following:

- Review and monitor the individual provider's utilization for unusual patterns;
- increase controls over the Health Access Program (HAP) card distribution and activation to insure an unduplicated client count;
- verify Medi-Cal non-eligibility of clients by enhancing the system's edits and audits;
- disenroll the provider from Family PACT for noncompliance with the program's provider agreement; and,
- seek recovery of payments when justified.

7. Assumptions on Administrative Budget

The budget that we previously submitted to you regarding program support costs is enclosed with our assumptions and duty statements for each position. (See Enclosure IV.)

8. Phase Out Plan

The Department anticipates that by the time of the termination of the Family PACT Waiver Program, the United States Congress will have enacted changes to the Medicaid program to increase the federal poverty limits for family planning services, and the Family PACT program will continue as a component of the California Medicaid program. If this does not occur, then the Department will work with representatives of the Governor's Office and the legislature to provide adequate state funding of the Family PACT program and implement a state-only program with sliding scale fees for all clients.

If the efforts to change existing federal law fail, the Department will proceed as follows:

Waiver Year 4 — July 2002-June 2003

Work in conjunction with the Governor's Office to the Legislature revise state law to terminate the Medicaid Demonstration Project.

Prepare informative materials and modify training for Family PACT Waiver Program providers that will instruct them to advise clients who are certified or recertified after June 30, 2003, that the program may be terminated or that funding may be reduced, or that a copayment may be required for services beginning July 1, 2004.

Waiver Year 5 — July 2003-June 2004

Instruct the providers to advise clients who are certified or recertified after June 30, 2003, that the program may be terminated or funding may be reduced beginning July 1, 2004, and to budget for some family planning service fee.

Transition Family PACT Waiver Program clients to either the Family PACT Successor Program or to private providers.

We believe that the Department of Health Services has answered the questions raised by the HCFA staff. If you have further questions or require additional information, please contact Mr. Joseph A. Kelly, Chief, Medi-Cal Policy Division, at (916) 657-1542, or Ms. Janet Olsen-Coyle, Chief, County Demonstration Project Unit, at (916) 657-0129.

Sincerely,

Handwritten signature of J. Douglas Porter, consisting of a stylized 'J' and 'P' with a date '15/1' in the middle.

J. Douglas Porter  
Deputy Director  
Medical Care Services

Enclosure

cc: Mr. Richard Chambers  
Deputy Regional Administrator  
Division of Medicaid  
Health Care Financing Administration  
75 Hawthorne Street, Fourth Floor  
San Francisco, CA 94105

**Demonstration Objectives**

<b>Goal 1:      Reduce the number of pregnancies to low income adolescent women                   (15-19 years old) in California</b>	
<b>Objective</b>	<b>Activities</b>
A. During the demonstration period, Family PACT will increase the number of nulliparous, sexually active female adolescent clients served by an average of 3500 per year. This represents an average increase of 3% per year above the FY 1997-98 service population to all female adolescents.	Promote and distribute guidelines geared to the provision of family planning services to adolescents.  Recruit and train providers who are willing to implement Family PACT services geared to adolescents.
B. During the demonstration period, Family PACT will increase the number of individual adolescent clients who receive Family PACT services on an ongoing basis, i.e., at least once per year, by an average of 5% per year.	Target Family PACT marketing efforts to adolescents in those counties with the highest rate of adolescent pregnancy and large numbers of Family PACT-eligible adolescents.
C. Beginning in the third year of the demonstration period, births to adolescent clients eligible for Family PACT will be reduced by an average of 2% more than the projected birth rate for this population during the demonstration period.	

Justification for Goal 1

- In FY 1997-98: 446,664 adolescents were eligible for Family PACT services  
    —“Eligible” means the adolescent is at risk for unintended pregnancy, has no other source of reproductive health care coverage and is not enrolled in Medi-Cal.
- In FY 1997-98, Family PACT served 120,900 (27%) of the eligible adolescent population.  
    —325,764 (73%) eligible adolescent clients were not served by Family PACT.

Goal 2: Reduce the number of unintended pregnancies among low income women in geographic areas of high unmet need for family planning services	
Objective	Activities
A. During the demonstration period, increase the number of Family PACT providers in specified areas of unmet need by an average of 5% per year above those enrolled in FY 1997-98.	Develop/implement a recruitment plan targeted to eligible providers in identified areas of high unmet need.
B. During the demonstration period, increase the number of Family PACT clients served in identified areas of high unmet need by an average of 5% per year above those receiving services in FY 1997-98.	Identify publicly funded programs in the targeted areas of high unmet need and link marketing of Family PACT to eligible clients in these existing programs' service populations. —Consider school programs, welfare-to-work programs, rural health programs.
C. Beginning in the third year of the demonstration period, births in these targeted areas will be reduced by an average of 2% more than the projected birth rate for these areas during the demonstration period.	Based on findings from "First Stop"* promote the collocation of limited-service family planning clinics with social service programs in the targeted areas. —Consider WIC service sites, unemployment offices, subsidized housing complexes.

\* First Stop: **An** OFP-sponsored, three year demonstration project completed in FY 1998-99 that promoted access to family planning services by collocating clinics providing limited family planning services with social services agencies. First Stop offered the option of eliminating the pelvic exam as a requirement for certain contraceptive methods.

Justification for Goal 2

- o A primary objective of the Family PACT program is to expand access to comprehensive family planning services among low-income women and men in California.
- o 14 of California's 58 counties have been identified as having a "high" to "very high" number of women eligible for Family PACT services per Family PACT provider (poor access to providers) and "high" to "very high" levels of unmet need for Family PACT services.

Goal 3: Increase the number of low income males receiving family planning services	
Objective	Activities
<p>A. During the demonstration period, increase the number of male clients receiving family planning services in Family PACT by an average of 5% (<b>1,444</b>) per year above those receiving services in FY 1997-98</p> <p>n=28,887 5%=1,444</p>	<p>Identify health and social service programs that serve at-risk males; develop linkages to facilitate access to local Family PACT services.</p> <ul style="list-style-type: none"><li>—Consider other DHS programs, i.e., Male Involvement Program, Partnership for Responsible Parenting, Community Challenge program</li><li>—Consider sports programs</li><li>—Consider school-based programs</li></ul>

Justification for Goal 3

- Family PACT strives to enhance awareness and access to male methods of family planning;
- men who are educated about reproductive health issues are more likely to support their partners in decisions on contraceptive use and family planning;
- by preventing sexually transmitted infections and their long-term sequelae, condoms help protect future fertility.



## ENCLOSURE II

### **Budget Neutrality**

#### **Methodology for Cost Avoidance Calculations**

Budget neutrality for the Family Planning, Access, Care and Treatment (Family PACT) demonstration project will be calculated as follows:

1. The pre-waiver General Fertility Rate (GFR), which is defined as the number of live births per 1,000 women aged 15-44, will be compared to the projected GFR during the demonstration. The GFR will be specific to the age and ethnic characteristics of the Family PACT population.
2. Births averted will be calculated by multiplying the difference between the pre-waiver GFR and the demonstration GFR, times the number of women in the Family PACT population.
3. Cost avoidance will be calculated by multiplying births averted, times the average Medicaid cost of delivery services, costs for the first year of life for the infants, and Medicaid eligibility determination determination costs.
4. Cost avoidance for costs related to averted miscarriages and ectopic pregnancies will be calculated by multiplying miscarriages and ectopic pregnancies averted, times the average Medicaid cost for these services.

#### **Assumptions for Cost Avoidance Calculations**

1. The pre-waiver General Fertility Rate for the Family PACT target population is estimated to be 112.4 live births per 1,000 females 15-44 years of age. This figure was developed from 1997 data on live birth rates in California from the Center for Health Statistics, California Department of Health Services, weighted for the race/ethnicity and ages of the Family PACT target population. Live birth rate data by income level was not available.
2. 1,228,000 clients have been enrolled in Family PACT as of the end of 1998. 5% of the clients are males. The remaining 95% (1,166,600) are female clients of reproductive age.
3. It is projected that, under the waiver, the Family PACT program will reduce the live birth rate for its participants to 81 per 1,000.
4. The reduction in live births is assumed to result in a cost avoidance for the following births:

112.4 Births per 1,000, pre-waiver  
81.0 Births per 1,000, during demonstration  
31.4 Decrease per 1,000

31.4 Decrease per 1,000  
1,166,600 Family PACT population (females)  
36,631 Births averted per year

5. It is assumed that these births would have occurred evenly throughout the year (1/12 per month), A Family PACT program growth rate of .8%per month is projected from 111999 to 6/1999, then .7% per month in 199912000. It is assumed that the Family PACT program would reach 75%of potential eligibles in 7/2000. Growth thereafter is expected to parallel the projected state population growth rate.

6. The average cost per delivery is approximately \$4,454. For undocumented persons and unqualified immigrants, the assumption is made that there would be no federal sharing for prenatal health care, but there would be sharing for deliveries. For this estimate, all costs are shown in the month of birth, as payment is often made under a global fee at the time of delivery.

7. Undocumented persons and unqualified immigrants are assumed to be 10% of the Family PACT population.

8. The estimated cost for one year of infant health care is approximately \$2,358 (\$197 per month). Federal sharing at the FMAP rate is assumed. There may be additional costs beyond the one-year of guaranteed eligibility, but as it is not known how long the children will be covered, only one year has been assumed.

9. Costs for Medicaid eligibility determinations are estimated to be \$259.32 in the month of delivery. It is assumed that the women would normally apply for Medi-Cal six months prior to delivery (\$126.90per intake, plus \$22.07 per month continuing case costs for six months). Continuing case costs at \$22.07 are also included for 12 months after the child's birth. Averted eligibility determination costs are assumed for the 41% of women estimated to be giving birth to their first child, based on 1998 Family PACT program data.

10. Cost avoidances for miscarriages and ectopic pregnancies are estimated as follows: For every birth averted, there would be .31 miscarriages averted and .03 ectopic pregnancies averted. This is based on an April, 1995 study in the American Journal of Public Health that found the outcome of unintended pregnancies to be: 39.7%term pregnancies, 12.28%miscarriages, and 1% ectopic pregnancies. Miscarriages cost an average of \$422, and ectopic pregnancies cost an average of \$590, based on 1997 Medi-Cal expenditure data, updated for rate increases.

#### **Family PACT Costs Under Waiver**

1. Actual Family PACT program expenditures for July-December 1998 are \$83,111,000. Growth of .8%per month is projected from 111999 through 6/1999, then .7%per month in 1999/2000. It is assumed that the Family PACT program would reach 75% of potential eligibles in 7/2000. Growth thereafter is expected to parallel the projected state population growth rate.

2. Costs for undocumented persons and unqualified immigrants are assumed to be excluded from the Waiver and are budgeted as 100%General Fund. It is assumed that 10% of the Family PACT participants are undocumented persons or unqualified immigrants. This is an interim rate that will be adjusted to the results of the survey to be conducted by the Department of Health Services.

3. Of the remaining claimable service costs, Federal Financial Participation (FFP)is assumed to be available at the 90%family planning sharing rate for 90.22%of Family PACT costs. The other 9.78% of the costs are assumed to be eligible for sharing at the Federal Medical Assistance Percentage (51.67% for 1999-2000).

## Budget Neutrality Summary

<b><i>TOTAL FUNDS</i></b>	Year 1 1999/2000	Year 2 2000/01	Year 3 2001/02	Year4 2002/03	Year5 2003/04	Total
<b><i><u>COST WITHOUT WAIVER</u></i></b>						
Deliveries	(\$166,440,000)	(\$180,958,000)	(\$187,097,000)	<b>(\$190,145,000)</b>	(\$193,109,000)	(\$917,749,000)
Infant Health Care	(\$88,115,000)	(\$95,801,000)	(\$99,051,000)	(\$100,665,000)	<b>(\$102,234,000)</b>	(\$485,866,000)
Medicaid Elig. Determin.	(\$5,802,000)	(\$8,545,000)	(\$8,965,000)	(\$9,134,000)	(\$9,279,000)	(\$41,725,000)
Miscarriages/Ectopic	(\$5,550,000)	(\$6,034,000)	(\$6,239,000)	(\$6,340,000)	(\$6,439,000)	(\$30,602,000)
Total	(5265,907,000~)	(\$291,338,000)	(\$301,352,000)	(\$306,284,000)	<b>(\$311,061,000)</b>	(\$1,475,942,000)
<b><i><u>COST WITH WAIVER</u></i></b>						
Family PACT Costs	\$181,054,000	\$189,801,000	\$193,015,000	\$196,282,000	\$199,605,000	\$959,757,000
<b><i><u>Net Cost Avoidance</u></i></b>	<b>(\$84,853,000)</b>	<b>(\$101,537,000)</b>	<b>(\$108,337,000)</b>	<b>(\$110,002,000)</b>	<b>(\$111,456,000)</b>	<b>(\$516,185,000)</b>

<b><u>FFP</u></b>	<b>fear 1 1999/2000</b>	<b>Year 2 2000/01</b>	<b>Year3 2001/02</b>	<b>Year4 2002403</b>	<b>Year 5 2003104</b>	<b>Total</b>
<b><u>COST WITHOUT WAIVER</u></b>						
Deliveries 1/	(\$84,235,000)	(\$91,582,000)	(\$94,689,000)	(\$96,232,000)	(\$97,732,000)	(\$464,470,000)
Infant Health Care 2/	(\$45,529,000)	(\$49,501,000)	<b>(\$51,180,000)</b>	(\$52,014,000)	(\$52,824,000)	(\$251,048,000)
Medicaid Elig. Determin.	(\$2,901,000)	(\$4,273,000)	(\$4,483,000)	<b>(\$4,567,000)</b>	(\$4,639,000)	(\$20,863,000)
Miscarriages/Ectopic	(\$2,868,000)	(\$3,118,000)	(\$3,224,000)	(\$3,276,000)	(\$3,327,000)	(\$15,813,000)
<b>Total</b>	<b>(\$135,533,000)</b>	<b>(\$148,474,000)</b>	<b>(\$153,576,000)</b>	<b>(\$156,089,000)</b>	<b>(\$158,522,000)</b>	<b>(\$752,194,000)</b>
<b><u>COST WITH WAIVER</u></b>						
Family PACT Costs 3/	3140,545,000	3147,336,000	149,830,000	152,367,000	154,946,000	745,024,000
<b><u>Net Cost Avoidance</u></b>	<b>\$5,012,000</b>	<b>(\$1,138,000)</b>	<b>(\$3,746,000)</b>	<b>(\$3,722,000)</b>	<b>(\$3,576,000)</b>	<b>(\$7,170,000)</b>

Deliveries	(\$82,205,000)	(\$89,376,000)	(\$92,407,000)	(\$93,913,000)	(\$95,377,000)	(\$453,278,000)
Infant Health Care	(\$42,586,000)	(\$46,301,000)	(\$47,871,000)	(\$48,651,000)	(\$49,410,000)	(\$234,819,000)
Medicaid Elig. Determin.	(\$2,901,000)	(\$4,273,000)	(\$4,483,000)	(\$4,567,000)	(\$4,639,000)	(\$20,863,000)
Miscarriages/Ectopic	(\$2,682,000)	(\$2,916,000)	(\$3,015,000)	(\$3,064,000)	(\$3,112,000)	(\$14,789,000)
Total	(\$130,374,000)	(\$142,866,000)	(\$147,776,000)	(\$150,195,000)	(\$152,538,000)	(\$723,749,000)
<b><i>COST WITH WAIVER</i></b>						
Family PACT Costs	\$40,509,000	\$42,466,000	\$43,185,000	\$43,916,000	\$44,659,000	\$214,735,000
<b><i>Net Cost Avoidance</i></b>	<b><i>(\$89,865,000)</i></b>	<b><i>(\$100,400,000)</i></b>	<b><i>(\$104,591,000)</i></b>	<b><i>(\$106,279,000)</i></b>	<b><i>(\$107,879,000)</i></b>	<b><i>(\$509,014,000)</i></b>

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.

2/ FMAP (51.67%) assumed.

3/ 90% FFP assumed for 90.22% of costs, **FMAP** (51.67%) assumed for 9.78% of costs. No FFP assumed for undocumented persons and unqualified immigrants (10% of population).

Budget Neutrality Worksheet

YEAR 1 - FISCAL YEAR 1999-2000

TOTAL FUNDS	7/99	8/99	9/99	10/99	11/99	12/99	1/00	2/00	3/00	4/00	5/00	6/00	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$13,277,374)	(\$13,384,270)	(\$13,491,166)	(\$13,598,062)	(\$13,706,846)	(\$13,816,501)	(\$13,927,033)	(\$14,038,450)	(\$14,150,757)	(\$14,249,812)	(\$14,349,561)	(\$14,450,008)	(\$166,439,841)
Infant Health Care	(\$7,029,198)	(\$7,085,790)	(\$7,142,382)	(\$7,198,974)	(\$7,256,566)	(\$7,314,618)	(\$7,373,135)	(\$7,432,120)	(\$7,491,577)	(\$7,544,018)	(\$7,596,826)	(\$7,650,004)	(\$88,115,210)
Medicaid Elig. Determ.	(\$316,943)	(\$346,469)	(\$376,212)	(\$406,173)	(\$436,395)	(\$466,859)	(\$497,567)	(\$528,521)	(\$559,722)	(\$590,835)	(\$622,166)	(\$653,716)	(\$5,801,578)
Miscariages/Ectopic	(\$442,738)	(\$446,303)	(\$449,867)	(\$453,432)	(\$457,059)	(\$460,715)	(\$464,401)	(\$468,116)	(\$471,861)	(\$475,164)	(\$478,491)	(\$481,840)	(\$5,549,987)
Total	(\$21,066,253)	(\$21,262,832)	(\$21,459,627)	(\$21,656,641)	(\$21,856,866)	(\$22,058,694)	(\$22,262,137)	(\$22,467,207)	(\$22,673,917)	(\$22,859,830)	(\$23,047,045)	(\$23,235,568)	(\$265,906,616)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$14,515,747	\$14,617,357	\$14,719,678	\$14,822,716	\$14,926,475	\$15,030,960	\$15,136,177	\$15,242,130	\$15,348,825	\$15,456,267	\$15,564,461	\$15,673,412	\$181,054,206
Net Cost Avoidance	(\$6,550,506)	(\$6,645,475)	(\$6,739,949)	(\$6,833,925)	(\$6,930,391)	(\$7,027,733)	(\$7,125,959)	(\$7,225,077)	(\$7,323,092)	(\$7,403,563)	(\$7,482,584)	(\$7,562,156)	(\$84,852,410)

<b>FFP</b>													
<b>COST WITHOUT WAIVER</b>													
Deliveries 1/	(\$6,719,643)	(\$6,773,743)	(\$6,827,843)	(\$6,881,943)	(\$6,936,998)	(\$6,992,494)	(\$7,048,434)	(\$7,104,822)	(\$7,161,660)	(\$7,211,792)	(\$7,262,274)	(\$7,313,110)	(\$84,234,756)
Infant Health Care 2/	(\$3,631,987)	(\$3,661,228)	(\$3,690,469)	(\$3,719,710)	(\$3,749,468)	(\$3,779,463)	(\$3,809,699)	(\$3,840,177)	(\$3,870,898)	(\$3,897,994)	(\$3,925,280)	(\$3,952,757)	(\$45,529,130)
Medicaid Elig. Determ.	(\$158,472)	(\$173,235)	(\$188,106)	(\$203,087)	(\$218,198)	(\$233,430)	(\$248,784)	(\$264,261)	(\$279,861)	(\$295,418)	(\$311,083)	(\$326,858)	(\$2,900,793)
Miscariages/Ectopic	(\$228,763)	(\$230,605)	(\$232,446)	(\$234,288)	(\$236,162)	(\$238,051)	(\$239,956)	(\$241,876)	(\$243,811)	(\$245,517)	(\$247,236)	(\$248,967)	(\$2,867,678)
Total	(\$10,738,865)	(\$10,838,811)	(\$10,938,864)	(\$11,039,028)	(\$11,140,826)	(\$11,243,438)	(\$11,346,873)	(\$11,451,136)	(\$11,556,230)	(\$11,650,721)	(\$11,745,873)	(\$11,841,692)	(\$135,532,357)
<b>COST WITH WAIVER</b>													
Family PACT Costs 3/	\$11,268,022	\$11,346,898	\$11,426,326	\$11,506,310	\$11,586,854	\$11,667,962	\$11,749,638	\$11,831,886	\$11,914,709	\$11,998,112	\$12,082,099	\$12,166,673	\$140,545,489
Net Cost Avoidance	\$529,157	\$508,087	\$487,462	\$467,282	\$446,028	\$424,524	\$402,765	\$380,750	\$358,479	\$347,391	\$336,226	\$324,981	\$5,013,132

<b>GENERAL FUND</b>													
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$6,557,731)	(\$6,610,527)	(\$6,663,323)	(\$6,716,119)	(\$6,769,848)	(\$6,824,007)	(\$6,878,599)	(\$6,933,628)	(\$6,989,097)	(\$7,038,020)	(\$7,087,287)	(\$7,136,898)	(\$82,205,085)
Infant Health Care	(\$3,397,211)	(\$3,424,562)	(\$3,451,913)	(\$3,479,264)	(\$3,507,098)	(\$3,535,155)	(\$3,563,436)	(\$3,591,943)	(\$3,620,679)	(\$3,646,024)	(\$3,671,546)	(\$3,697,247)	(\$42,586,080)
Medicaid Elig. Determ.	(\$158,471)	(\$173,234)	(\$188,106)	(\$203,086)	(\$218,197)	(\$233,429)	(\$248,783)	(\$264,260)	(\$279,861)	(\$295,417)	(\$311,083)	(\$326,858)	(\$2,900,785)
Miscariages/Ectopic	(\$213,975)	(\$215,698)	(\$217,421)	(\$219,144)	(\$220,897)	(\$222,664)	(\$224,445)	(\$226,240)	(\$228,050)	(\$229,647)	(\$231,255)	(\$232,873)	(\$2,682,309)
Total	(\$10,327,388)	(\$10,424,021)	(\$10,520,763)	(\$10,617,613)	(\$10,716,040)	(\$10,815,256)	(\$10,915,264)	(\$11,016,071)	(\$11,117,687)	(\$11,209,109)	(\$11,301,172)	(\$11,393,876)	(\$130,374,259)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$3,247,725	\$3,270,459	\$3,293,352	\$3,316,406	\$3,339,621	\$3,362,998	\$3,386,539	\$3,410,244	\$3,434,116	\$3,458,155	\$3,482,362	\$3,506,739	\$40,508,717
Net Cost Avoidance	(\$7,079,663)	(\$7,153,562)	(\$7,227,411)	(\$7,301,207)	(\$7,376,419)	(\$7,452,257)	(\$7,528,724)	(\$7,605,827)	(\$7,683,571)	(\$7,750,954)	(\$7,818,810)	(\$7,887,137)	(\$89,865,542)

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.

2/ FMAP (51.67%) assumed.

3/ 90% FFP assumed for 90.22% of costs, FMAP (51.67%) assumed for 9.78% f costs. No ☒ assumed for undocumented persons and unqualified immigrants (10% of population).

**YEAR 2 - FISCAL YEAR 2000-01**

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.  
2/ FMAP (51.67%) assumed.  
3/ 90% FFP assumed for 90.22% of costs, FMAP (51.67%) assumed for 9.78% of costs. No FFP assumed for undocumented persons and unqualified immigrants (10% of population).

Budget Neutrality Worksheet

YEAR 3 - FISCAL YEAR 2001-02

TOTAL FUNDS		7/01	8/01	9/01	10/01	11/01	12/01	1/02	2/02	3/02	4/02	5/02	6/02	Total
<b>COST WITHOUT WAIVER</b>														
Deliveries		(\$15,470,560)	(\$15,491,012)	(\$15,513,282)	(\$15,535,552)	(\$15,557,822)	(\$15,580,092)	(\$15,602,362)	(\$15,624,632)	(\$15,646,902)	(\$15,669,172)	(\$15,691,442)	(\$15,713,712)	(\$187,096,542)
Infant Health Care		(\$8,190,297)	(\$8,201,124)	(\$8,212,914)	(\$8,224,704)	(\$8,236,494)	(\$8,248,284)	(\$8,260,074)	(\$8,271,864)	(\$8,283,654)	(\$8,295,444)	(\$8,307,234)	(\$8,319,024)	(\$99,051,111)
Medicaid Elig. Determin.		(\$736,929)	(\$739,289)	(\$741,526)	(\$743,763)	(\$745,999)	(\$748,236)	(\$750,472)	(\$752,709)	(\$754,945)	(\$757,182)	(\$759,419)	(\$761,656)	(\$8,965,471)
Miscellaneous/Other		(\$515,871)	(\$516,553)	(\$517,235)	(\$517,917)	(\$518,599)	(\$519,281)	(\$520,000)	(\$520,719)	(\$521,438)	(\$522,157)	(\$522,876)	(\$530,236)	(\$6,238,793)
Total		(\$24,913,657)	(\$24,947,978)	(\$24,982,017)	(\$25,016,051)	(\$25,050,085)	(\$25,084,119)	(\$25,118,154)	(\$25,152,188)	(\$25,186,222)	(\$25,220,256)	(\$25,254,290)	(\$25,288,324)	(\$301,351,917)
<b>COST WITH WAIVER</b>														
Family PACT Costs		\$15,961,077	\$15,983,423	\$16,005,769	\$16,028,115	\$16,050,461	\$16,072,807	\$16,095,153	\$16,117,499	\$16,140,845	\$16,163,191	\$16,185,537	\$16,207,883	\$193,014,632
Net Cost Avoidance		(\$8,952,580)	(\$8,964,555)	(\$8,976,530)	(\$8,988,505)	(\$8,999,624)	(\$9,010,743)	(\$9,021,862)	(\$9,032,981)	(\$9,044,100)	(\$9,055,219)	(\$9,066,338)	(\$9,077,457)	(\$108,337,285)
<b>FFP</b>														
Deliveries 1/		(\$7,829,609)	(\$7,839,960)	(\$7,850,311)	(\$7,860,662)	(\$7,871,013)	(\$7,881,364)	(\$7,891,715)	(\$7,902,066)	(\$7,912,417)	(\$7,922,768)	(\$7,933,119)	(\$7,943,470)	(\$94,689,058)
Infant Health Care 2/		(\$4,231,926)	(\$4,237,521)	(\$4,243,116)	(\$4,248,711)	(\$4,254,306)	(\$4,259,901)	(\$4,265,496)	(\$4,271,091)	(\$4,276,686)	(\$4,282,281)	(\$4,287,876)	(\$4,293,471)	(\$51,179,709)
Medicaid Elig. Determin.		(\$368,465)	(\$369,645)	(\$370,825)	(\$371,999)	(\$373,173)	(\$374,347)	(\$375,521)	(\$376,695)	(\$377,869)	(\$379,043)	(\$380,217)	(\$381,391)	(\$4,482,740)
Miscellaneous/Other		(\$266,551)	(\$266,903)	(\$267,255)	(\$267,607)	(\$267,959)	(\$268,311)	(\$268,663)	(\$269,015)	(\$269,367)	(\$269,719)	(\$270,071)	(\$270,423)	(\$3,223,585)
Total		(\$12,696,551)	(\$12,714,029)	(\$12,731,507)	(\$12,748,985)	(\$12,766,463)	(\$12,783,941)	(\$12,801,419)	(\$12,818,897)	(\$12,836,375)	(\$12,853,853)	(\$12,871,331)	(\$12,888,809)	(\$153,575,092)
<b>COST WITH WAIVER</b>														
Family PACT Costs 3/		\$12,389,977	\$12,407,323	\$12,424,669	\$12,442,015	\$12,459,361	\$12,476,707	\$12,494,053	\$12,511,399	\$12,528,745	\$12,546,091	\$12,563,437	\$12,580,783	\$149,829,912
Net Cost Avoidance		(\$306,574)	(\$306,706)	(\$306,838)	(\$306,970)	(\$307,102)	(\$307,234)	(\$307,366)	(\$307,498)	(\$307,630)	(\$307,762)	(\$307,894)	(\$308,026)	(\$3,745,180)
<b>GENERAL FUND</b>														
Deliveries		(\$7,640,951)	(\$7,651,052)	(\$7,661,153)	(\$7,671,254)	(\$7,681,355)	(\$7,691,456)	(\$7,701,557)	(\$7,711,658)	(\$7,721,759)	(\$7,731,860)	(\$7,741,961)	(\$7,752,062)	(\$92,407,484)
Infant Health Care		(\$3,938,371)	(\$3,948,472)	(\$3,958,573)	(\$3,968,674)	(\$3,978,775)	(\$3,988,876)	(\$3,998,977)	(\$4,009,078)	(\$4,019,179)	(\$4,029,280)	(\$4,039,381)	(\$4,049,482)	(\$47,871,402)
Medicaid Elig. Determin.		(\$368,464)	(\$369,644)	(\$370,824)	(\$371,999)	(\$373,173)	(\$374,347)	(\$375,521)	(\$376,695)	(\$377,869)	(\$379,043)	(\$380,217)	(\$381,391)	(\$4,482,731)
Miscellaneous/Other		(\$249,320)	(\$249,650)	(\$250,000)	(\$250,350)	(\$250,700)	(\$251,050)	(\$251,400)	(\$251,750)	(\$252,100)	(\$252,450)	(\$252,800)	(\$253,150)	(\$3,015,208)
Total		(\$12,217,106)	(\$12,233,949)	(\$12,250,792)	(\$12,267,635)	(\$12,284,478)	(\$12,301,321)	(\$12,318,164)	(\$12,335,007)	(\$12,351,850)	(\$12,368,693)	(\$12,385,536)	(\$12,402,379)	(\$147,776,825)
<b>COST WITH WAIVER</b>														
Family PACT Costs		\$3,571,100	\$3,576,100	\$3,581,100	\$3,586,100	\$3,591,100	\$3,596,100	\$3,601,100	\$3,606,100	\$3,611,100	\$3,616,100	\$3,621,100	\$3,626,100	\$43,184,720
Net Cost Avoidance		(\$8,646,006)	(\$8,657,849)	(\$8,669,692)	(\$8,681,535)	(\$8,693,378)	(\$8,705,221)	(\$8,717,064)	(\$8,728,907)	(\$8,740,750)	(\$8,752,593)	(\$8,764,436)	(\$8,776,279)	(\$104,592,105)

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.  
2/ FMAP (51.67%) assumed.  
3/ 90% FFP assumed for 90.22% of costs, FMAP (51.67%) assumed for 9.78% of costs. No FFP assumed for undocumented persons and unqualified immigrants (10% of population).

Budget Neutrality Worksheet

YEAR 4 - FISCAL YEAR 2002-03

TOTAL FUNDS	7/02	8/02	9/02	10/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$15,726,423)	(\$15,744,890)	(\$15,767,160)	(\$15,789,430)	(\$15,811,700)	(\$15,833,970)	(\$15,856,240)	(\$15,878,510)	(\$15,900,780)	(\$15,923,050)	(\$15,945,320)	(\$15,967,590)	(\$190,145,063)
Infant Health Care	(\$8,325,753)	(\$8,335,530)	(\$8,347,320)	(\$8,359,110)	(\$8,370,900)	(\$8,382,690)	(\$8,394,480)	(\$8,406,270)	(\$8,418,060)	(\$8,429,850)	(\$8,441,640)	(\$8,453,430)	(\$100,665,033)
Medicaid Elig. Determ.	(\$755,508)	(\$756,469)	(\$757,516)	(\$758,563)	(\$759,611)	(\$760,658)	(\$761,706)	(\$762,753)	(\$763,800)	(\$764,848)	(\$765,895)	(\$766,942)	(\$9,134,269)
Miscarriages/Ectopic	(\$524,402)	(\$525,018)	(\$525,761)	(\$526,503)	(\$527,246)	(\$527,989)	(\$528,731)	(\$529,474)	(\$530,216)	(\$530,959)	(\$531,702)	(\$532,444)	(\$6,340,445)
Total	(\$25,332,086)	(\$25,361,907)	(\$25,397,757)	(\$25,433,606)	(\$25,469,457)	(\$25,505,307)	(\$25,541,157)	(\$25,577,007)	(\$25,612,856)	(\$25,648,707)	(\$25,684,557)	(\$25,720,406)	(\$306,284,810)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$16,231,297	\$16,254,021	\$16,276,777	\$16,299,564	\$16,322,383	\$16,345,234	\$16,368,117	\$16,391,032	\$16,413,979	\$16,436,959	\$16,459,971	\$16,483,015	\$196,282,349
Net Cost Avoidance	(\$9,100,789)	(\$9,107,886)	(\$9,120,980)	(\$9,134,042)	(\$9,147,074)	(\$9,160,073)	(\$9,173,040)	(\$9,185,975)	(\$9,198,877)	(\$9,211,748)	(\$9,224,586)	(\$9,237,391)	(\$110,002,461)

<b>FFP</b>	7/02	8/02	9/02	10/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries 1/	(\$7,959,100)	(\$7,968,447)	(\$7,979,717)	(\$7,990,988)	(\$8,002,259)	(\$8,013,530)	(\$8,024,801)	(\$8,036,071)	(\$8,047,342)	(\$8,058,613)	(\$8,069,884)	(\$8,081,154)	(\$96,231,906)
Infant Health Care 2/	(\$4,301,917)	(\$4,306,968)	(\$4,313,060)	(\$4,319,152)	(\$4,325,244)	(\$4,331,336)	(\$4,337,428)	(\$4,343,520)	(\$4,349,612)	(\$4,355,703)	(\$4,361,795)	(\$4,367,887)	(\$52,013,622)
Medicaid Elig. Determ.	(\$377,754)	(\$378,235)	(\$378,758)	(\$379,282)	(\$379,806)	(\$380,329)	(\$380,853)	(\$381,377)	(\$381,900)	(\$382,424)	(\$382,948)	(\$383,471)	(\$4,567,137)
Miscarriages/Ectopic	(\$270,959)	(\$271,277)	(\$271,661)	(\$272,044)	(\$272,428)	(\$272,812)	(\$273,195)	(\$273,579)	(\$273,963)	(\$274,347)	(\$274,730)	(\$275,114)	(\$3,276,109)
Total	(\$12,909,730)	(\$12,924,927)	(\$12,943,196)	(\$12,961,466)	(\$12,979,737)	(\$12,998,007)	(\$13,016,277)	(\$13,034,547)	(\$13,052,817)	(\$13,071,087)	(\$13,089,357)	(\$13,107,626)	(\$156,088,774)
<b>COST WITH WAIVER</b>													
Family PACT Costs 3/	\$12,599,738	\$12,617,378	\$12,635,042	\$12,652,731	\$12,670,445	\$12,688,183	\$12,705,946	\$12,723,734	\$12,741,547	\$12,759,386	\$12,777,249	\$12,795,137	\$152,366,516
Net Cost Avoidance	(\$309,992)	(\$307,549)	(\$308,154)	(\$308,735)	(\$309,292)	(\$309,824)	(\$310,331)	(\$310,813)	(\$311,270)	(\$311,701)	(\$312,108)	(\$312,489)	(\$3,722,258)

<b>GENERAL FUND</b>	7/02	8/02	9/02	10/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$7,767,323)	(\$7,776,443)	(\$7,787,443)	(\$7,798,442)	(\$7,809,441)	(\$7,820,440)	(\$7,831,439)	(\$7,842,439)	(\$7,853,438)	(\$7,864,437)	(\$7,875,436)	(\$7,886,436)	(\$93,913,157)
Infant Health Care	(\$4,023,836)	(\$4,028,562)	(\$4,034,260)	(\$4,039,958)	(\$4,045,656)	(\$4,051,354)	(\$4,057,052)	(\$4,062,750)	(\$4,068,448)	(\$4,074,147)	(\$4,079,845)	(\$4,085,543)	(\$48,651,411)
Medicaid Elig. Determ.	(\$377,754)	(\$378,234)	(\$378,758)	(\$379,281)	(\$379,805)	(\$380,329)	(\$380,853)	(\$381,376)	(\$381,900)	(\$382,424)	(\$382,947)	(\$383,471)	(\$4,567,132)
Miscarriages/Ectopic	(\$253,443)	(\$253,741)	(\$254,100)	(\$254,459)	(\$254,818)	(\$255,177)	(\$255,536)	(\$255,895)	(\$256,253)	(\$256,612)	(\$256,972)	(\$257,330)	(\$3,064,336)
Total	(\$12,422,356)	(\$12,436,980)	(\$12,454,561)	(\$12,472,140)	(\$12,489,720)	(\$12,507,300)	(\$12,524,880)	(\$12,542,460)	(\$12,560,039)	(\$12,577,620)	(\$12,595,200)	(\$12,612,780)	(\$150,196,036)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$3,631,559	\$3,636,643	\$3,641,735	\$3,646,833	\$3,651,938	\$3,657,051	\$3,662,171	\$3,667,298	\$3,672,432	\$3,677,573	\$3,682,722	\$3,687,878	\$43,915,833
Net Cost Avoidance	(\$8,790,797)	(\$8,800,337)	(\$8,812,826)	(\$8,825,307)	(\$8,837,782)	(\$8,850,249)	(\$8,862,709)	(\$8,875,162)	(\$8,887,607)	(\$8,900,047)	(\$8,912,478)	(\$8,924,902)	(\$106,280,203)

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.

2/ FMAP (51.67%) assumed.

3/ 90% FFP assumed for 90.22% of costs, FMAP (51.67%) assumed for 9.78% of costs. No FFP assumed for undocumented persons and unqualified immigrants (10% of population).

Budget Neutrality Worksheet

YEAR 5 - FISCAL YEAR 2003-04

TOTAL FUNDS	7/03	8/03	9/03	10/03	11/03	12/03	1/04	2/04	3/04	4/04	5/04	6/04	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$15,973,174)	(\$15,994,314)	(\$16,016,584)	(\$16,038,854)	(\$16,061,124)	(\$16,083,394)	(\$16,105,664)	(\$16,127,934)	(\$16,150,204)	(\$16,168,020)	(\$16,185,836)	(\$16,203,652)	(\$193,108,754)
Infant Health Care	(\$8,456,386)	(\$8,467,578)	(\$8,479,368)	(\$8,491,158)	(\$8,502,948)	(\$8,514,738)	(\$8,526,528)	(\$8,538,318)	(\$8,550,108)	(\$8,559,540)	(\$8,568,972)	(\$8,578,404)	(\$102,234,046)
Medicaid Elig. Determin.	(\$767,592)	(\$768,597)	(\$769,636)	(\$770,674)	(\$771,712)	(\$772,751)	(\$773,789)	(\$774,827)	(\$775,866)	(\$776,798)	(\$777,721)	(\$778,635)	(\$9,278,598)
Miscellaneous/Ectopic	(\$532,630)	(\$533,335)	(\$534,078)	(\$534,821)	(\$535,563)	(\$536,306)	(\$537,048)	(\$537,791)	(\$538,534)	(\$539,128)	(\$539,722)	(\$540,316)	(\$6,439,272)
Total	(\$25,729,783)	(\$25,763,824)	(\$25,799,666)	(\$25,835,507)	(\$25,871,347)	(\$25,907,189)	(\$25,943,029)	(\$25,978,870)	(\$26,014,712)	(\$26,043,486)	(\$26,072,251)	(\$26,101,007)	(\$311,060,671)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$16,506,091	\$16,529,200	\$16,552,341	\$16,575,514	\$16,598,720	\$16,621,958	\$16,645,229	\$16,668,532	\$16,691,868	\$16,715,237	\$16,738,638	\$16,762,072	\$199,605,400
Net Cost Avoidance	(\$9,223,692)	(\$9,234,624)	(\$9,247,325)	(\$9,259,993)	(\$9,272,627)	(\$9,285,231)	(\$9,297,800)	(\$9,310,338)	(\$9,322,844)	(\$9,328,249)	(\$9,333,613)	(\$9,338,935)	(\$111,455,271)

FFP	7/03	8/03	9/03	10/03	11/03	12/03	1/04	2/04	3/04	4/04	5/04	6/04	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries 1/	(\$8,083,981)	(\$8,094,679)	(\$8,105,950)	(\$8,117,221)	(\$8,128,492)	(\$8,139,763)	(\$8,151,033)	(\$8,162,304)	(\$8,173,575)	(\$8,182,592)	(\$8,191,608)	(\$8,200,625)	(\$97,731,823)
Infant Health Care 2/	(\$4,369,415)	(\$4,375,198)	(\$4,381,289)	(\$4,387,381)	(\$4,393,473)	(\$4,399,565)	(\$4,405,657)	(\$4,411,749)	(\$4,417,841)	(\$4,422,714)	(\$4,427,588)	(\$4,432,461)	(\$52,824,331)
Medicaid Elig. Determin.	(\$383,796)	(\$384,299)	(\$384,818)	(\$385,337)	(\$385,856)	(\$386,376)	(\$386,895)	(\$387,414)	(\$387,933)	(\$388,399)	(\$388,861)	(\$389,318)	(\$4,639,302)
Miscellaneous/Ectopic	(\$275,210)	(\$275,574)	(\$275,958)	(\$276,342)	(\$276,725)	(\$277,109)	(\$277,493)	(\$277,877)	(\$278,261)	(\$278,567)	(\$278,874)	(\$279,181)	(\$3,327,171)
Total	(\$13,112,402)	(\$13,129,750)	(\$13,148,015)	(\$13,166,281)	(\$13,184,546)	(\$13,202,813)	(\$13,221,078)	(\$13,239,344)	(\$13,257,610)	(\$13,272,272)	(\$13,286,931)	(\$13,301,585)	(\$158,522,627)
<b>COST WITH WAIVER</b>													
Family PACT Costs 3/	\$12,813,050	\$12,830,989	\$12,848,952	\$12,866,941	\$12,884,954	\$12,902,993	\$12,921,058	\$12,939,147	\$12,957,262	\$12,975,402	\$12,993,568	\$13,011,758	\$154,946,074
Net Cost Avoidance	(\$299,352)	(\$298,761)	(\$299,063)	(\$299,340)	(\$299,592)	(\$299,820)	(\$300,020)	(\$300,197)	(\$300,348)	(\$296,870)	(\$293,363)	(\$289,827)	(\$3,576,553)

GENERAL FUND	7/03	8/03	9/03	10/03	11/03	12/03	1/04	2/04	3/04	4/04	5/04	6/04	Total
<b>COST WITHOUT WAIVER</b>													
Deliveries	(\$7,889,193)	(\$7,899,635)	(\$7,910,634)	(\$7,921,633)	(\$7,932,632)	(\$7,943,631)	(\$7,954,631)	(\$7,965,630)	(\$7,976,629)	(\$7,985,428)	(\$7,994,228)	(\$8,003,027)	(\$95,376,931)
Infant Health Care	(\$4,086,971)	(\$4,092,380)	(\$4,098,079)	(\$4,103,777)	(\$4,109,475)	(\$4,115,173)	(\$4,120,871)	(\$4,126,569)	(\$4,132,267)	(\$4,136,826)	(\$4,141,384)	(\$4,145,943)	(\$49,409,715)
Medicaid Elig. Determin.	(\$383,796)	(\$384,298)	(\$384,818)	(\$385,337)	(\$385,856)	(\$386,375)	(\$386,894)	(\$387,413)	(\$387,933)	(\$388,399)	(\$388,860)	(\$389,317)	(\$4,639,296)
Miscellaneous/Ectopic	(\$257,420)	(\$257,761)	(\$258,120)	(\$258,479)	(\$258,838)	(\$259,197)	(\$259,555)	(\$259,914)	(\$260,273)	(\$260,561)	(\$260,848)	(\$261,135)	(\$3,112,101)
Total	(\$12,617,381)	(\$12,634,074)	(\$12,651,651)	(\$12,669,226)	(\$12,686,801)	(\$12,704,376)	(\$12,721,951)	(\$12,739,526)	(\$12,757,102)	(\$12,771,214)	(\$12,785,320)	(\$12,799,422)	(\$152,538,044)
<b>COST WITH WAIVER</b>													
Family PACT Costs	\$3,693,041	\$3,698,211	\$3,703,389	\$3,708,573	\$3,713,766	\$3,718,965	\$3,724,171	\$3,729,385	\$3,734,606	\$3,739,835	\$3,745,070	\$3,750,314	\$44,659,326
Net Cost Avoidance	(\$8,924,340)	(\$8,935,863)	(\$8,948,262)	(\$8,960,653)	(\$8,973,035)	(\$8,985,411)	(\$8,997,780)	(\$9,010,141)	(\$9,022,496)	(\$9,031,379)	(\$9,040,250)	(\$9,049,108)	(\$107,878,718)

1/ FMAP (51.67%) assumed, except no FFP assumed for undocumented persons and unqualified immigrants (10% of population) for prenatal care.

2/ FMAP (51.67%) assumed.

3/ 90% FFP assumed for 90.22% of costs, FMAP (51.67%) assumed for 9.78% of costs. No FFP assumed for undocumented persons and unqualified immigrants (10% of population).



ENCLOSURE III

**Sampling Methodology and Survey Instrument**

The Department will conduct a scientific-based survey using statistically valid sampling methodology to determine the percentage of Family PACT Program clients who are not eligible for Medicaid as defined under PRWORA. The sample design will be dependent upon the current and newly enrolled Family PACT client population and geographic distribution of the clientele. In addition, the sample design may be stratified upon characteristics such as provider volume **and** clinic size. The general aim will be to attain at least a 90 percent reliability, plus or minus two to three percent.

SURVEY INSTRUMENT - RESIDENCY STATUS

1.	What is your date of birth ?	<div>month</div>	<div>day</div>	<div>year</div>
2.	Where were you born ?	<div><input type="checkbox"/> California [ END ]</div> <div><input type="checkbox"/> Other U.S. State [ END ]</div> <div><input type="checkbox"/> Puerto Rico or other U.S. Territory, ( i.e., Guam, Virgin Islands, etc. ) [ END ]</div> <div><input type="checkbox"/> Born Abroad of U.S. citizen Parents [ END ]</div> <div><input type="checkbox"/> Foreign Born (specify) _____</div>		
3.	Are you a U.S. citizen ?	<div><input type="checkbox"/> Yes, by birth ..... [ END ]</div> <div><input type="checkbox"/> Yes, naturalized citizen What year were you naturalized ? 19 _____ [ END ]</div> <div><input type="checkbox"/> No, not a citizen</div>		
4.	Do you have a green card (alien registration receipt card 1-551) ?	<div><input type="checkbox"/> Yes ..... [ END ]</div> <div><input type="checkbox"/> No</div>		
5.	Do you have a re-entry permit ?	<div><input type="checkbox"/> Yes ..... [ END ]</div> <div><input type="checkbox"/> No</div>		
6.	Do you have an immigrant visa, or have you been granted immigrant status ?	<div><input type="checkbox"/> Yes ..... [ END ]</div> <div><input type="checkbox"/> No</div>		
7.	Are you living in the U.S. as a legal permanent resident ?	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No ..... [ END ]</div>		

SURVEY INSTRUMENT • RESIDENCY STATUS

8.

On what basis are you a legal resident ?  
  
[ Wait for response first, then check the item that applies ]  
  
[ If interviewee is unable to recall information on **his/her** own, then prompt with questions , rotating order for each interviewee ]

☐ As a refugee? [ END ]

☐ Under a grant of asylum ? .....[ END ]

☐ Under paroled status ? ..... [ END ]

☐ As an immediate relative of a U.S. citizen ?.. .....[ END ]

☐ Under a stay or suspension of deportation? .....[ END ]

☐ Under a pending application for (adjustment to ) immigrant or permanent resident status ?... .....[ END ]

☐ As a Cuban or Haitian entrant ? ..... [ END ]

☐ Under an order of supervision ? ..... ..[ END ]  
(Must report periodically to an INS agent)

☐ Because the INS has 'deferred action' on your case ?.....[ END ]

☐ Under voluntary departure status ? ..... [ END ]

☐ Under a withheld deportation ? ..... [ END ]

☐ As a resident continuously since ..... [ END ]  
before January 1, 1972 ?

☐ Specify other legal status: ..... .. [ END ]

☐ None of the above

	MATCH	NO-MATCH	HISTORICAL PATIENT DATA			
Date of Birth			<input type="checkbox"/> Newborn	<input type="checkbox"/> First Time Visit	<input type="checkbox"/> Incomplete file	<input type="checkbox"/> Other
Place of Birth			<input type="checkbox"/> Newborn	<input type="checkbox"/> First Time Visit	<input type="checkbox"/> Incomplete file	<input type="checkbox"/> Other

Comments: \_\_\_\_\_

\_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_Date: \_\_\_\_\_

ENCLOSURE IV

**Budget Assumptions**

**Budget Justification**

A total of fifteen full time equivalent positions will be necessary to carry out the development, monitoring and on-going maintenance of the Waiver Project. Salaries are calculated on the current entry level step for each position which was developed by the California Department of Personnel Administration. Following are the workload standards for the positions identified in the Family PACT Waiver Program.

NURSE CONSULTANT III – SUPERVISOR

*Activity:*

Directs the activities of the Clinical Services Section, including program planning, resource allocation, clinical services “Request for Proposal” process, and the provision of technical assistance, consultation, and evaluation.

Establishes standards and procedures for monitoring and evaluating clinical services contracts, including the statewide Family PACT providers. Serves as consultant to the Branch in medical and clinical related issues, and personally manages the most complex and sensitive clinical matters.

Coordinates the provision of family planning services with the federal family planning program and the provision of HIV counseling and testing with the Office of AIDS. Provides consultation to other state programs and agencies. Represents the Office of Family Planning at federal, state and local meetings.

Has lead responsibility in regulations, legislation, branch policy, standards and guidelines related to clinical family planning services.

Prepares reports, speeches, correspondence control responses and other work as required.

*Travel: Moderate*

*Total number of NCIII-Supervisor positions needed: 1*

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### NURSE CONSULTANT III – SPECIALIST

*Activity:*

Lead in the development of Family PACT Waiver Program federally required policies and procedures including monitoring and evaluation components of the Waiver Program

Lead in the negotiating/finalizing with principals the special terms, conditions and reporting requirements for the Waiver Program with HCFA and State staff.

Develop waiver program deliverables in conjunction with Medi-Cal and HCFA staff.

Provide clinical expertise at federal level to HCGFA regarding implementation of waiver with DHS within the Medi-Cal Program.

Develop and prepare required reports for HCFA waiver.

Lead in development of protocols for monitoring the evaluation of the Demonstration Project for the Waiver Program.

Conduct oversight of ongoing service utilization of client population.

Provide consultation to management on waiver status.

Participate in meetings with A&I, Medi-Cal program, other departments and HCFA.

*Travel: Heavy*

*Total number of NCIII-Specialist positions needed: 1*

### NURSE CONSULTANT III – SPECIALIST

*Activity:*

Direct and coordinate development/implement Family PACT expansion standards, policies and procedures.

Plan, develop and implement RFP process for expanded provider resources.

Manage the operation of the RFP's multiple statewide contracts for provider recruitment and ongoing support.

Direct modifications to program regulations, manuals, promotional materials and publications for ongoing Family PACT and expansion to Family PACT.

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Attend regional training events with local providers and state staff on program and billing issues.

Attend various meetings with accounting section, Medi-Cal program, other departments and HCFA.

Act as liaison to resolve issues that develop with local Family PACT direct service providers.

*Travel: Moderate*

*Total number of NC III-Specialist positions needed: 2*

## NURSE CONSULTANT II

*Activity:*

Assist in the development and implementation of Family PACT policies and procedures for local service providers and participate in recruitment of new provider for expanded services.

Assist in monitoring provider compliance to Family PACT program standards, policies and procedures.

Participate in monitoring of the multiple statewide contract for provider resources and support.

Attend regional training events with local providers and staff on program and billing issues.

Attend various meetings with accounting section, Medi-Cal program, other departments and HCFA.

Act as liaison to resolve issues that develop with local Family PACT direct service providers.

*Travel: 2 Positions, Heavy; 2 Positions, Moderate*

*Total number of NCII positions needed: 4*

## ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

*Activity:*

Assist in the development of Family PACT Waiver Program policies and procedures including those relating to financial management and fiscal accountability for the local service providers.

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Provide ongoing monitoring of the approved waiver.

Act as liaison with Medi-Cal program on waiver program status and implementation.

Resolve waiver program fiscal and program policy issues with DHS and HCFA staff.

Consult with statewide contractor for waiver program in development of evaluation studies on evaluation regarding resource oversight.

Function as liaison with providers regarding policies and procedures and future policy changes and implementation.

Provide ongoing monitoring on approved waiver.

Liaison with providers regarding policies and procedures and future policy changes and implementation.

Analyze legislation and respond to inquiries regarding the waiver program.

Attend meetings with HCFA and department staff on waiver program.

***Travel: Heavy***

***Total Number of AGPA positions needed: 1***

#### ASSOCIATE GOVERNMENTAL PROGRAM ANALYST

***Activity:***

As an integral part of on-site field review team, will be responsible for clinical program review to ensure that provider is adhering to specific program requirements of the Family PACT program.

Act in conjunction with other team members in developing final reports, including reports to disenroll providers from the Family PACT program.

Consult with statewide evaluation contractor in the development of evaluation studies on the Waiver Program to ensure project goals are being met.

Develop protocols for monitoring the evaluation of the waiver program including those relating to financial management and fiscal accountability for the local service population.

Liaison with Audits & Investigations staff on development and implementation of procedures and program requirements for the Family PACT program.

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Liaison with provider groups regarding policy and procedures changes and implementation.

Analyze legislation and respond to inquiries regarding the waiver program.

Participate in the development and finalization of regulations.

***Travel: Moderate***

***Total Number of AGPA positions needed: 1.5***

## RESEARCH ANALYST II

### ***Activity:***

Designs, develops, and conducts special studies and surveys on topics related to the family planning program and utilizes this information to propose policy change or policy development. Studies may include revision to reimbursement rates, cost benefit analysis and estimates of women in need.

Plans, develops, and writes legislatively mandated statistical reports using program financial management data, demographic and billing data and research project results.

Develops computer programs using statistical software, such as **SAS** and SYNTAX to produce statistical reports on family planning activities for department management, legislative requests, contractors and other interested parties.

Provides technical assistance to management and staff and providers regarding research information, data collection, data processing, reporting requirements and evaluation components.

Develops and coordinates data collection and system reporting policies to ensure data integrity.

***Travel: None***

***Total Research Analyst II positions needed: 1***

## WORD PROCESSING TECHNICIAN

### ***Activity:***

Responsible for telephone coverage, mail processing, filing, photocopying, assisting in travel arrangements.

Typing letters, memos, handouts and meeting agendas.



Other general office support function.

Travel: None

Total Number of WPTPositions needed: 2

OFFICE ASSISTANT

Activity:

Process incoming transmittal documents for the statewide contractors. Print and review error reports for accuracy. Route transmittal invoices to the billing supervisor for approval.

File accounting documents, printouts and/or agency folders for the billing and data sections of the office. Prepare file folders and printout binders for providers. Pick up and deliver fiscal documents for processing through the Department’s system.

Assist in collecting and preparing data for statistical tables and program reports for program management and the legislature. Photocopy for distribution to and from the billing supervisor. Maintain computer log and backup hard drive at the end of the work day.

Other general office support functions

Travel: None

Total Number of Office Assistant Positions needed: .5

**Benefits, Travel, Equipment, and Facilities Operation:**

The rates used for benefits, travel, equipment, supplies and facilities operation are standard rates developed by the Department. The rates are based on actual expenditures from the previous fiscal year with the exception of percentage retirement benefits which is from the Budget Act of 1998. Rates for years 2-5 remain at the same rate established for year 1.

**System:**

The current computer system maintains the Family PACT client eligibility file, paid claims file, denied claims file, provider master file and reference files. Database is updated and special reports are generated on a weekly, monthly and quarterly basis. The LAN administrator maintains the system for hardware and software needs and upgrades, database integrity, the security of the system and performs troubleshooting. The cost for providing this service is \$500,000 per year. It will continue to be necessary to upgrade the system to address working

needs of the Waiver Program. A 10percent increase per fiscal year is included to address the increase in the number of claims submitted for payment and the increased provider base, This includes funds to pay for system enhancements and specialized federal reporting requirements.

**Evaluation:**

The Office of Family Planning will have a University of California campus conduct an in-depth comprehensive evaluation on the effectiveness of the waiver program. The evaluation will demonstrate the objective effectiveness and the impact on the client population. The cost of performing the evaluation is \$2,000,000 per year, which is based on the current allocation for evaluation.

**Provider Support Services and Outreach:**

The Office of Family Planning has statewide contracts to provide support services and outreach to all the Family PACT providers. Services include professional education, training and technical assistance, resource support and support staff training to address the needs of all providers throughout the state. A statewide toll-free 800 telephone number is maintained for clients and providers to access. Approximately 240 different pieces of client education materials are provided, free of charge, to the Family PACT providers.

The waiver program will increase the need for the statewide services due to the focused recruitment of new TeenSMART providers, increasing the number of providers in areas of high **unmet** need and increasing the number of males receiving family planning services. The Office of Family Planning has identified 15 counties where the level of unmet need amount eligible clients is deemed to be “very high”. **An** additional 14 counties have been identified as “high” level of unmet need. The need for the statewide support services will be in great demand given the above. The allocations for the first two years are based on current allocations with increased use factored in and a 15 percent increase built in for the following three years.

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